BIRCH, STEWART, KOLASCH & BIRCH, LLP

PLEASE NOTE: P.O. Box 747 . Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050 YOU MUST COMPLETE THE

FOLLOWING

COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I havely declare that my residence, post office address and clineaship are as stated next to my name, that I verily believe that I am the original, first and sole inventor (only one inventor is named below) or an original rist and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitles. MASK READ ONLY MEMORY CONTAINING DIODES AND METHOD OF

Insert Title:	MANUFACTURING THE SAME									
Fill in Appropriate Information -	the specification of which is attached hereto. If not attached hereto, the specification was filed onas									
For Use Without	United States Application Number									
Specification Attached:	and amended onthe specification was filed on						(ir applicable) and/or as PCT			
/mached.	International Application Number						and was			
	amended on									
Insert Priority Information (6) amounts to	I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Feed Regulations, \$1.56. If do not know and do not believe the same was ever known or used in the United States of America boffers or our invention the control of the cont							e of Federal aur invention fore than one fore than one fore the fore the fore the fore my legal plication for prior to this for patent fore fore fore fore fore fore fore fore		
(if appropriate)	(Number)	(Country)		(Month/Da	y/Year Filed)		Yes	No		
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	(Number)	(Country)		(Month/Day	y/Year Filed)		Yes	No		
		_								
	(Number)		(Country)		(Month/Day/Year Filed)		Yes	No		
	I hereby claim the benefit	under Title 35, U	Inited States Code, §11	9(e) of any Uni	ited States provision	nal applicatio	ons(s) list	ed below.		
Insert Provisional Application(s): (if any)	(Application Number)			(Filing D	Date)					
-	(Application Number)			(Filing Date)						
	All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:									
	Country		pplication Number		Date of Filing (Month/Day		'ear)			
Insert Requested Information: (if appropriate)										
	I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s) listed below and, insofar as the subject matter of each of the claims of this application in sort disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, §112, lackrowledge the duty to disclose information which is material to the palestiability as defined in Title 9, Code of Federal Regulation, §136 which became available between the filing date of the prior application and the national of PCT international filing date of the of this application.									
Insert Prior U.S. Application(s): (if any)	(Application Number)		iling Date)		(Status - patented	, pending, al	oandone	i)		
Page 1 of 2	(Application Number)	(F	iling Date)		(Status - patented	, pending, al	andone	i)		

Attorney Docket No.

Attorney Docket No. 0941–0809P
Thereby appoint the practitioners at CUSTOMER NO. 2292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written hotice to the contrary:

Send Correspondence to:

BIRCH, STEWART, KOLASCH & BIRCH, LLP or CUSTOMER NO. 2292 P.O. Box 747 • Falls Church, Virginia 22040-0747

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PLEASE NOTE: VOLUMIST COMPLETE THE FOLLOWING:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and helid rat ne believed to be true, and further that these statements were made with the knowledge that willful falses statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful falses testiments may jeopardize the validity of the application or any patent issued thereon.

Name of First r Sole inventor: irt Name of	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*						
rt Date This locument is Signed	Sheng-Chih LAI (Last name: LAI)	Sheng-Chih LAI		2003.7. 30					
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*DATE OF SIGNATURE